								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003								10705590					
CLAIMS AS FILED - PART I								<del></del>					
(Column 1) (Column 2)							TYPE		NTITY	OR	OTHEI SMALL	R THAN ENTITY	
TOTAL CLAIMS							RAT	ΓΕ	FEE	7 "	RATE	FEE	
FOR			NUMBER FILED NUI			BER EXTRA	BASIC	FĘE	385.00	OR	BASIC FEE	70.00	
TOTAL CHARGEABLE CLAIMS			· m	minus 20= *		·	XS S	9=	/	OR	X\$1.8=		
INDEPENDENT CLAIMS			minus 3 =		*		X43	l=		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM F	RESENT			D	+145	5=		OR	+290=	1	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	AL.	1	OR	TOTAL		
CLAIMS AS AMENDED - PART II										-	OTHER	THAN	
3-13-x (Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	. 22	Minus	#2	?	= O	X\$ 9	=	·	OR	X\$18=		
AME	Independent	IRST PRESENTATION OF MULTIPLE DEPENDE		### C	S CLAIM	-0	X43:	=		OR	X86=		
	THIS THESE VIANOR OF MISE TIPE BEFENDENT COAIN						+145	=		OR	+290=		
							TOT ADDIT, F		·	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								CC			ADDII. FEE I		
8		CLAIMS REMAINING		HIGHE	ST	PRESENT		1	ADDI-	[		ADDI-	
NDMENT		AFTER AMENDMENT		PREVIO	USLY	EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=		
AMEND	Independent	*	Minus	PENDENT CLA		=	X43=			OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		OR	+290=		
								AL EE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								•	,				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	<b>余</b> 枚		Ψ	X\$ 9=	1		OR	X\$18=		
ME	Independent	*	Minus	<b>宗在</b> 帝		=	X43=	╅		ı	X86=		
	FIRST PRESE	X40=	╅	<del></del> [	OR	700-							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
Ť	he *Highest Num	ber Previously Paid	For (Total or	Independen	t) is the l	highest number	found in the	appr	opriate box	in colu	ımn 1.		